



LIMITED SCOPE LICENSE

AP-2204 REV.71513

- New Application
 Renewal Application

Request for Waiver of One or More Requirements of Licensing Regulations (K.A.R. 30-63-20)

[1] Applicant Agency/Individual Requesting License Waiver				[2] Director/Administrator Name	
[3] Physical Address	City	State	Zip	Phone Number	Fax Number
		KS		() -	() -
[3] Mailing Address	City	State	Zip	Email Address	
		KS			

Name of Person for Whom Waiver is Requested		Tier Level	Name of CDDO
Social Security No.	[8] Medicaid No.	Date of Birth	CDDO Contact
		() -	

Name of Person for Whom Waiver is Requested		Tier Level	Name of CDDO
Social Security No.	[8] Medicaid No.	Date of Birth	CDDO Contact
		() -	

STATEMENT OF WAIVER

In accordance with K.A.R. 30-63-20, the Kansas Department for Aging and Disability Services, Community Services and Programs, may waive one or more requirements of the licensing regulations, for good cause that benefits the person receiving services or requesting to receive services. This waiver or substitution must not jeopardize the health, safety or welfare of the person(s) receiving services, and as determined by KDADS/CSP must demonstrate the achievement of outcomes. The waiver/substitution, if granted, is for the period of the license offered and will be reevaluated prior to the license renewal.

NOTICE:

THESE DOCUMENTS MUST BE RECEIVED PRIOR TO A WAIVER/SUBSTITUTION BEING GRANTED

- PERSON CENTERED SUPPORT PLAN (PCSP):** which must identify the services and supports being requested to be provided through the Limited Scope License, and it must indicate the support of the services by the support network.
- STATEMENT OF BEST INTEREST:** Applicant states why a waiver of regulatory requirements is in the best interest of the consumer
- GUARDIAN'S STATEMENT OF SUPPORT:** (if Consumer has a legal/court-ordered guardian) supporting the Waiver Request

AUTHORIZATION

AS AN AUTHORIZED AGENT OF APPLICANT, I HAVE READ THE LAWS AND REGULATIONS GOVERNING THE OPERATION OF A LIMITED SCOPE LICENSE. APPLICANT, IF GRANTED A LICENSE, WILL COMPLY AND COOPERATE WITH KDADS AND WILL BE RESPONSIVE TO ITS REQUESTS. APPLICANT WILL MAINTAIN CURRENT INFORMATION ON THIS APPLICATION, AND ANY ATTACHMENTS, AND WILL NOTIFY KDADS AND SUPPLEMENT THIS APPLICATION IF ANY INFORMATION CHANGES

Signature		Title		Date	June 28, 2014
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Internal Use Only

QA Recommend? <input type="checkbox"/> Y <input type="checkbox"/> N	Date _____	CDDO Support <input type="checkbox"/> Y <input type="checkbox"/> N
Name _____	Signature _____	Date _____

Send Applications to:

KDADS Community Services and Programs
 ATTN: Quality Assurance/Licensing
 503 S. Kansas Ave, Topeka, Kansas 66603

Website: www.kdads.ks.gov
 Phone: 785-296-4986 Fax: 785-296-0256
 Email: HCBS-KS@kdads.ks.gov